

Test Decision Counseling, and Result Counseling

Course Dates:

March 22-23, 2006
Florence, SC

June 6-7, 2006
Columbia, SC

September 11-12, 2006
Greenville, SC

December 7-8, 2006
Charleston, SC

**This training will begin promptly at 9 a.m.
Participant sign-in is at 8:30 a.m.**

Registration form

For registration, cancellation, or course Information contact:

James Harris, Jr.
STD/HIV Division Training Coordinator
1751 Calhoun Street
Columbia, South Carolina 29201
Phone: 803-898-0480
Fax: 803-898-0573
Email: harrisj@dhcc.sc.gov

***Deadline for registration is 15 business days
prior to the training***

Course Description:

This 2-day training will address strategies for assisting clients in making a decision to test and receive test results. It will assist counselors in providing, and interpreting test results with the conventional rapid HIV test.

Topics to be discussed are:

- Required elements of pre- and post-test counseling.
- Informed consent.
- HIV reporting.

Prerequisites:

- HIV, STD, and S.C. Law or an equivalent HIV Facts based course.
- American Red Cross African American HIV Education and Prevention Instructor Course.

Audience:

All Health and Human Services Providers

Instructor (s):

Bill Hight, Ph. D

Training Hours:

14

Continuing Education Units available.



STD/HIV Division

Registration Form

Completion of this form indicates your intentions to attend the course indicated. This registration will not be processed without your supervisor's signature. **You will receive confirmation of enrollment when your registration is processed. All DHEC courses will be limited to the first 20 individuals registered.**

Name: _____
District or Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Evening: _____
Fax: _____
E-mail Address: _____

Type of Agency (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> State Health Dept. or Professional | <input type="checkbox"/> Local Health Dept. | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Non-governmental Org. | <input type="checkbox"/> Private Medical Provider | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> DHEC Funded Prevention Contractor | <input type="checkbox"/> Other _____ | |

Mark the course date and location you are requesting:

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*HIV, STD, and SC STD/HIV Law are prerequisite for the above course. Please indicate the following information regarding each:

Date and location: _____
Instructor's Name: _____

Supervisor's Signature: _____

(Your supervisor *must* sign this form to indicate knowledge and agreement with your registration.)

For additional information contact James Harris, Jr. STD/HIV Division Training Coordinator at 803-898-0480 or by e-mail at harrisj@dhec.sc.gov. Fax registration forms to 803-898-0573. Deadline for registration is 15 business days prior to all training dates.